

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1		1		1		1
52		1		1		1		1		1		1
53		1		1		1		1		1		1
54		1		1		1		1		1		1
55		1		1		1		1		1		1
56		1		1		1		1		1		1
57		1		1		1		1		1		1
58		1		1		1		1		1		1
59		1		1		1		1		1		1
60		1		1		1		1		1		1
61		1		1		1		1		1		1
62		1		1		1		1		1		1
63		1		1		1		1		1		1
64		1		1		1		1		1		1
65		1		1		1		1		1		1
66		1		1		1		1		1		1
67		1		1		1		1		1		1
68		1		1		1		1		1		1
69		1		1		1		1		1		1
70		1		1		1		1		1		1
71		1		1		1		1		1		1
72		1		1		1		1		1		1
73		1		1		1		1		1		1
74		1		1		1		1		1		1
75		1		1		1		1		1		1
76		1		1		1		1		1		1
77		1		1		1		1		1		1
78		1		1		1		1		1		1
79		1		1		1		1		1		1
80		1		1		1		1		1		1
81		1		1		1		1		1		1
82		1		1		1		1		1		1
83		1		1		1		1		1		1
84		1		1		1		1		1		1
85		1		1		1		1		1		1
86		1		1		1		1		1		1
87		1		1		1		1		1		1
88		1		1		1		1		1		1
89		1		1		1		1		1		1
90		1		1		1		1		1		1
91		1		1		1		1		1		1
92		1		1		1		1		1		1
93		1		1		1		1		1		1
94		1		1		1		1		1		1
95		1		1		1		1		1		1
96		1		1		1		1		1		1
97		1		1		1		1		1		1
98		1		1		1		1		1		1
99		1		1		1		1		1		1
100		1		1		1		1		1		1
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												